

Summer Youth Employment 2017

Please read the following application carefully and complete it fully, using blue or black ink.

Complete and return to the RDA office, 1403 Southwest Blvd., KCK, by Friday, April 14, 2017

Name:			
Date of Birth:	Age:	(Must be betwee	en the ages of 14 and 17)
Social Security Number (S	SN):		
Street Address:			
City:		State:	Zip:
Home Phone:		Other Phone:	
Email:			
Preferred method of conta	ıct:		
Home Phone Ot	her Phone Em	ail Other Inless	se indicate):

Emergency Contact:	Relationsh	nip:	
Address of Contact:			
Phone:			
Previous Work & Volunteer Ex	xperience: (List ALL previous positions,	starting with the i	most recent)
Name and Address of Company/Group	Name and Phone Number of Supervisor	Dates of Involvement	May we contact your Supervisor? Yes or No
References: Do NOT list family	members. Typical references are teach	ers, mentors, and	d other adults.
Reference #1:			
Name:	Relationship: _		
Phone Number:			
Reference #2:			
Name:	Relationship:		
Phone Number:			
Education:			
School attending:	Grade in 2017-20	18 school year	

the questions below and then respond in the space p	rovided.
What skills and characteristics do you have that w	ould make you a good employee?
What would you like your career to be in the future	? Why?
What do you like to do for fun? What are your hoble	pies?
What languages do you speak?	
How did you hear about the program?	
Signature:	Date:
Parent/Guardian Signature:	Date:

You are applying for a paid position that will last for approximately 8 weeks this summer. In order to place

you in a position best suited to you, we need to know more about you. Please take a moment to think about